

anfSolutions™

## **VENDOR ACCOUNT APPLICATION**

Financial Solutions Program Facilitated By: Austin National Financial Solutions, LLC (866) 685-8628

SHORT FORM APPLICATION: **FAX COMPLETED AND SIGNED TO (512) 989-2174**

**OR EMAIL: info@anfsolutions.com**

### **VENDOR INFORMATION**

**Contact Name:**

**Email Address:**

**Company name / dba:**

**Address:**

**City:**

**State:**

**Zip:**

**Web site:**

**Phone:**

**Fax:**

**Cell:**

**Federal Tax ID#**

**D&B#**

**Date of Organization:**

**State of Organization:**

**Sole proprietorship:**

**Partnership:**

**Corporation:**

**LLC:**

**Principal/Owner Name/Management Contact:**

### **Other Information:**

**Primary Bank:**

**Bank Name:**

**Address:**

**Contact/Officer:**

**City/State/Zip:**

**Phone:**

**Acct. No.**

**Fax:**

**Email:**

**Trade References:**

**Company:**

**Company:**

**Address:**

**Address:**

**Contact:**

**Contact:**

**Phone:**

**Phone:**

**Email:**

**Email:**

### **Account Agreement/Signature:**

The applicant authorizes any person, company, or credit reporting agency to compile and furnish Austin National Financial Solutions, LLC or its assigns any information it may have in response to this dealer account application. I (we) warrant that all the information contained in this dealer account application is true and complete and grant permission for its retention.

**SIGNED:**

**PRINTED NAME:**

**TITLE:**

**DATE:**

**ANFS OFFICE USE ONLY: DATE RECEIVED:**

**STATUS:**

**RESPONSE DATE:**

**CONDITIONS:**